

## Medicare Minute Teaching Materials — September 2025

### Medicare's Open Enrollment Period

#### 1. What is Medicare's Open Enrollment? What changes can I make during this time?

Medicare's Open Enrollment, also known as the Annual Election Period or Fall Open Enrollment, runs from October 15 through December 7 each year. During this time, you can make certain changes to your health insurance coverage, including adding, dropping, or changing your Medicare Advantage and Part D coverage. Even if you are happy with your current health and drug coverage, Open Enrollment is a good time to review what you have, compare it with other options, and make sure that your current coverage still meets your needs for the coming year.

You can make as many changes as you need to your Medicare coverage during Open Enrollment. The changes you can make include:

1. Joining a new Medicare Advantage plan
2. Joining a new Part D prescription drug plan
3. Switching from Original Medicare to a Medicare Advantage plan
4. Switching from a Medicare Advantage plan to Original Medicare (with or without a Part D plan)
  - a. Note that your ability to purchase a Medigap to supplement Original Medicare and/ or your Medigap options may be limited (see question 9).

Depending on where you live, you may be able to buy a Medigap policy, which helps pay Original Medicare costs. Limitations apply as to who can buy a Medigap policy and when. Call your State Health Insurance Assistance Program (SHIP) or State Department of Insurance to ask about state specific Medigap rights. Contact information for your local SHIP is on the last page of this document.

The last change you make will take effect on January 1, 2026. It is usually best to call 1-800-MEDICARE (633-4227) or go to [www.Medicare.gov](http://www.Medicare.gov) when making any changes to your health and/or drug coverage.

#### 2. How should I review my current Medicare health and drug coverage?

Regardless of how you receive your Medicare coverage, you should consider:

- Your access to health care providers you want to see
- Your access to preferred pharmacies
- Your access to benefits and services you need
- The total costs for insurance premiums, deductibles, and cost-sharing amounts
- The quality of the customer service you receive

If you have Original Medicare, visit [Medicare.gov](http://Medicare.gov) or read the 2026 *Medicare & You* handbook to learn about Medicare's benefits for the upcoming year. You should review any increases to Original Medicare premiums, deductibles, and coinsurance charges. The *Medicare & You* handbook is mailed to all Medicare households each September. If you don't receive your *Medicare & You* handbook, you can call 1-800-MEDICARE and request that a copy with information for your area be sent to you. If you would like to receive your handbook electronically, you can log into (or create) your Medicare account to sign up for electronic handbooks. You can also download a general version of the handbook at [Medicare.gov](http://Medicare.gov).

If you have a Medicare Advantage plan or a stand-alone Part D plan, read your plan's Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC). Review these notices for any changes in: a) the plan's costs, b) the plan's benefits and coverage rules, or c) the plan's formulary (list of drugs your plan covers). Make sure that your drugs will still be covered next year and that your providers and pharmacies are still in the plan's network. If you are unhappy with any of your plan's changes or your plan's performance, you can enroll in a new plan. If you want assistance reviewing your options, contact your State Health Insurance Assistance Program (SHIP) for unbiased counseling. Contact information for your local SHIP is on the last page of this document.

Even if you are happy with your current Medicare coverage, consider other Medicare health and drug plan options in your area. For example, even if you do not plan to change your Medicare Advantage or Part D plan, you should check to see if there is another plan in your area that will offer you better health and/or drug coverage at a more affordable price. Research shows that people with Medicare prescription drug coverage could lower their costs by shopping among plans each year; there could be another Part D plan in your area that covers the drugs you take with fewer restrictions and/or lower prices.

### 3. What are some things I should consider when choosing a Part D prescription drug plan?

Ask yourself the following questions before choosing a Part D drug plan:

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs (i.e. prior authorization, step therapy, or quantity limits)?
  - **Prior authorization** means that you must get approval from your Part D plan before the plan will pay for the drug.
  - **Step therapy** means that your plan requires you to try a cheaper version of your drug before it will cover the more expensive one.
  - **Quantity limits** restrict the quantity of a drug you can get per prescription fill, such as 30 pills of Drug X per month.
- How much will I pay for monthly premiums?
- How much will I pay at the pharmacy before my plan starts paying a share (annual deductible) and how much is my contribution after that (copay/coinsurance) for each drug I take?
- Is my pharmacy in the plan's preferred network? (You pay the least if you used preferred network pharmacies.)
- Can I fill my prescriptions by mail order?
- What is the plan's star rating?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?

You may find it helpful to use Medicare's Plan Finder tool (see number 6), which gives you a list of Medicare Advantage and Part D plans, the drugs they cover, and their estimated costs for the year. You can access Plan Finder by going online at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) or by calling 1-800-MEDICARE.

Remember that you have the option to sign up for a payment plan for your Part D out-of-pocket costs. This program is called the Medicare Prescription Payment Plan, and you may hear it referred to as "smoothing" costs. It lets you spread your drug costs throughout the year. If you sign up, your Part D plan will send you a monthly bill, and you will pay \$0 at the pharmacy. The payment plan does not reduce your out-of-pocket costs, but it can help people with high drug costs concentrated in the early months of the year manage their monthly expenses. To sign up for the payment plan, contact your Part D plan.

#### **4. What are some things I should consider when choosing a Medicare Advantage plan?**

Ask yourself the following questions before choosing a Medicare Advantage plan:

- How much are the monthly premium, annual deductible, and coinsurance/copay amounts?
- What is the annual maximum out-of-pocket cost for the plan? This amount may be high but can help protect you if you have expensive health care costs.
- What service area does the plan cover?
- Are my doctors and hospitals in the plan's network?
- What are the rules I have to follow to access health care services and my drugs?
- Does the plan cover additional health care benefits that are not covered by Original Medicare (see number 7)?
- What is the plan's star rating?
- Will this plan affect any additional coverage I may have?

Medicare Advantage plans usually include prescription drug coverage. You should also consider the questions listed in number 3 when choosing a Medicare Advantage plan to make sure that the prescription drug coverage that the plan offers meets your needs.

Finally, remember that those with Medicare Advantage plans cannot have a Medigap (see question 9). If you have Original Medicare and a Medigap and are considering switching to a Medicare Advantage plan, know that you will lose your Medigap as well. If you choose to switch back to Original Medicare at a later time, you may face limitations with Medigap enrollment depending on the state in which you live. However, regardless of the state in which you live, you may have access to a Special Enrollment Period to re-enroll in a Medigap policy if you dropped your Medigap to enroll in a Medicare Advantage plan for the first time and switch back to Original Medicare and a Medigap within 12 months of enrolling in the Medicare Advantage plan. For more information on Medigap enrollment rules in your state, contact your SHIP. Contact information for your local SHIP is on the last page of this document.

#### **5. What are star ratings?**

Star ratings are quality ratings that provide a measure of a plan's performance. Medicare scores Medicare Advantage plans and Part D plans in several categories, including quality of care and customer service. Ratings range from one to five stars, with five being the highest. Medicare assigns plans an overall star rating to summarize the plan's performance. Plans also receive separate star ratings in each individual category reviewed. The overall star rating provides a way to compare performance among several plans. To learn more about differences among plans, look at plans' ratings in each category. Plan ratings change from one year to the next. Medicare reviews plan performances each year and releases new star ratings each October.

Keep in mind that a plan's star rating is only one factor to review when comparing plans in your area. Even though a plan has a high star rating, it may not be right for you. It is important to see whether the plan covers the health services and drugs you need and works with the pharmacies you use before considering its star rating. Also note that the star ratings in the *Medicare & You* handbook are not necessarily the most recent. For the most up-to-date, comprehensive star ratings, you should call 1-800-MEDICARE or use the online Plan Finder tool at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

## 6. What is the Medicare Plan Finder?

The Medicare Plan Finder is an online tool that helps you look up and compare plans in your area. To access the Medicare Plan Finder, visit [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). Plan Finder gives you the option to search using your account or to continue a search without logging in.

- The personalized search (on the left side of the screen) requires you to log in to your Medicare account or make an account if you do not have one. Once you are logged in, Plan Finder will save your search results and you can access them later.
- The basic search (on the right side of the screen) requires your zip code and the type of plans you want to compare. Your search results will not be saved or accessible once you close the page.

Once you enter your information, you will be able to compare a list of plans available in your area. Before using Plan Finder, create a list of health care professionals you see, drugs you take, and pharmacies where you get your drugs. This will allow you to compare your options. Additionally, when you decide on a plan, you should call 1-800-MEDICARE or use Medicare.gov to enroll in that plan. It is helpful for Medicare to have the official enrollment record in case there are any problems. You can also call your SHIP for help using Plan Finder. Contact information for your local SHIP is on the last page of this document.

## 7. What kind of supplemental benefits do Medicare Advantage plans offer?

A Medicare Advantage supplemental benefit is an item or service not covered by Original Medicare. These benefits do not need to be provided by Medicare providers or at Medicare-certified facilities. To receive them, you just need to follow your plan's rules. There are different types of Medicare Advantage supplemental benefits you may receive like:

- Commonly offered primarily health-related benefits include dental care, vision care, hearing aids, and gym memberships. These Medicare Advantage supplemental benefits can be available with no additional premium. However, some Medicare Advantage supplemental benefits are optional and require paying an additional premium. This is often the case for dental and vision benefits.
- Less commonly offered are non-primarily health-related Medicare Advantage supplemental benefits for beneficiaries who have chronic illnesses. These benefits address environmental factors that may affect your health, functioning, quality of life, and levels of risk. Examples of these benefits are meal delivery, transportation for non-medical needs, and home air cleaners. You are considered chronically ill if you:
  - Have at least one medically complex chronic condition that is life-threatening or significantly limits your health or function,
  - Have a high risk of hospitalization or other negative health outcomes, and
  - Require intensive care coordination.

If you meet these criteria, a Medicare Advantage plan may offer you one of these benefits if it has a reasonable expectation of improving or maintaining your health or function. Medicare Advantage plans can create sets of Medicare Advantage supplemental benefits to meet your needs. Your set of Medicare Advantage supplemental benefits may be different from another person in the same Medicare Advantage plan. For example, a plan might cover services like home air cleaning and carpet shampooing if you have severe asthma. While you may be able to get that service covered, a person whose asthma is mild would not.

In some cases, there may be no Medicare Advantage plan in your area that covers the Medicare Advantage supplemental benefits that you need.

These supplemental benefits mean that there may be more factors to consider when comparing Medicare Advantage plan options during Open Enrollment. Carefully review your Medicare Advantage plan's Evidence of Coverage and any other materials from your plan. If you are considering a new plan that offers its members additional supplemental benefits, make sure to find out about the costs and coverage restrictions associated with those benefits. If you need help understanding your plan's benefits or reviewing your coverage options, call your SHIP for assistance. Contact information for your local SHIP is on the last page of this document.

### **8. How can I protect myself from marketing violations and fraudulent activities?**

During Open Enrollment, there is a higher risk than usual for fraudulent activities. Medicare has rules about how plans can and cannot communicate with you during Open Enrollment to market their insurance products. Knowing how to protect yourself from, detect, and report marketing violations and enrollment fraud will help save both you and Medicare money. Plans are allowed to send you emails and/or direct mail, but they are not allowed to call you or visit you in person to market their products without your permission. Plans that send emails must provide an opt-out option for people who no longer wish to receive them. Watch out for people who:

- Pressure you to join their plan
- Tell you they represent Medicare or are calling on behalf of Medicare
- Call you or visit your house without your permission to offer services or equipment
- Offer free consultations only to people with Medicare and ask for your Medicare number
- Claim you are missing out on entitled plan benefits
- Inform you that you will lose your Medicare benefits unless you sign up for a certain plan
- Require you to provide contact information at an event for a plan (Note that contact information provided for raffles or drawings may only be used for that purpose.)

Before you enroll in a plan, make sure you understand what the plan covers, how it affects your Medicare benefits and other health benefits (like Medicaid or your retiree/union coverage), and whether it covers the drugs you need. Contact a plan directly to confirm if it will cover certain services for you, and make sure that you get everything in writing. An agent or broker should never pressure or mislead you into joining a plan. If you feel an insurance agent has violated Medicare's marketing rules, you should save all documents (such as an agent's business card or marketing materials) or other suspicious information, such as recorded messages, and contact your local Senior Medicare Patrol (SMP). Your SMP can help you prevent, identify, and report marketing violations, as well as other forms of Medicare fraud and abuse. To contact your SMP, visit [www.smpresource.org](http://www.smpresource.org) or call 877-808-2468.

### **9. If I switch to Original Medicare during Open Enrollment, can I purchase a Medigap policy to help with cost-sharing gaps?**

Medicare supplement insurance policies, commonly called Medigaps, are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain cost-sharing "gaps" that remain after Original Medicare pays first. Depending on where you live and when you became eligible for Medicare, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N (policies in Wisconsin, Massachusetts, and Minnesota have different names). Each policy offers a different set of



standardized benefits that ranges from basic to more comprehensive. Standardization means that policies with the same letter name offer the same benefits. Limits apply as to who can buy a Medigap and when. Usually, you will make your decision about whether to purchase a Medigap plan during your Initial Enrollment Period, not Open Enrollment.

Depending on where you live, you may be able to purchase a Medigap policy during Open Enrollment, but certain limitations apply as to who can buy a Medigap and when. There are federal protections for people over 65 to purchase a Medigap in certain situations, and some states offer additional enrollment protections.

You may run into problems if you try to buy a Medigap outside of your protected Medigap enrollment period. For instance, companies can refuse to sell you one or impose certain medical requirements. If a company does agree to sell you a policy, you may need to pay a higher monthly premium and be subject to a six-month waiting period before the Medigap will cover pre-existing conditions. Be sure to contact Medigap insurers in your state to learn if they will sell you a Medigap policy outside protected enrollment periods.

Also note that in some states, if you currently have Original Medicare and a Medigap, you may not be able to purchase a Medigap again in the future if you drop Original Medicare to enroll in a Medicare Advantage plan. However, regardless of the state in which you live, you would have a Special Enrollment Period to re-enroll in a Medigap policy if you dropped your Medigap to enroll in a Medicare Advantage plan for the first time and switch back to Original Medicare and a Medigap within 12 months of enrolling in the Medicare Advantage Plan.

Contact your SHIP to learn about Medigap enrollment rights in your state. Contact information for your local SHIP is on the last page of this document.

## **10. Will I have opportunities to change my coverage in the coming year?**

You should make any necessary changes to your Medicare coverage by December 7, 2025, in order for the changes to take effect January 1, 2026. If you need to change your Medicare coverage in 2026, you may have the opportunity to make changes if:

- **You have a Medicare Advantage plan.** You will be able to make one change to your coverage between January 1 and March 31. This enrollment period is called the Medicare Advantage Open Enrollment Period. During this time, you can switch from one Medicare Advantage plan to another or switch from a Medicare Advantage plan to Original Medicare, with or without a Part D prescription drug plan. This enrollment period is only for people who are enrolled in a Medicare Advantage plan. If you are enrolled in Original Medicare, you will not be able to make changes during this time.
- **You have Extra Help.** If you have Extra Help, the federal program that helps pay the out-of-pocket costs for drugs covered by Part D, you will have a Special Enrollment Period (SEP) to enroll in or switch Part D plans. This is a once-per-month SEP to elect a standalone Part D plan (not a Medicare Advantage plan).

There are other circumstances when you can be eligible for a Special Enrollment Period to change your Medicare health or drug coverage. For example, if your Medicare Advantage plan leaves your service area, or if

you want to change into a plan with a five-star rating in your service area, you may be able to access an SEP to make changes outside of normal enrollment periods.

### **11. How can I protect myself from potential marketing violations?**

Medicare has rules about how Medicare Advantage and Part D plans can contact you and market their services. There are special rules for Medicare's Open Enrollment Period, which runs from October 15 through December 7 each year. Plans can begin marketing as early as October 1 each year. Knowing some of these rules can help you protect yourself from aggressive or misleading plan agents or brokers. Here are a few important rules to keep in mind during Open Enrollment:

- Plans are allowed to send you postal mail. However, if you aren't currently enrolled in the company's plan, they are not allowed to call, email, visit your home, or approach you in public to market their plan without your permission. (If you are currently enrolled in a plan, the plan must provide you with the option to opt out of calls about Medicare products.) Even if you filled out a business reply card (BRC) at an educational or marketing event, this does not give permission for a plan representative to come to your home.
- In marketing materials and advertisements plans must follow certain rules. For example, plans are never allowed to suggest they represent or are endorsed by Medicare or any other government agency. They cannot use the Medicare name or logo on their marketing materials.
- Medicare Advantage and Part D plan representatives are only allowed to contact you in certain locations. They are not allowed to approach you in public areas such as a parking lot or mall. In health care settings, they are only allowed to provide sales information in common areas such as the cafeteria, conference rooms, or community rooms; plan-specific information cannot be displayed or promoted in waiting rooms or treatment areas. If you schedule an appointment with an agent or broker, they can come to your home to talk to you. They cannot go door-to-door or go to your home without an appointment.
- Medicare has rules for what insurance companies can do at educational events. For example, at an educational event, insurance companies cannot hand out marketing materials or enrollment applications, provide information about plan costs, attach plan representative contact information to education materials (unless you request it), schedule an appointment with you, or complete a scope of appointment (SOA) form.
- If you are interested in enrolling in a plan, an agent must give you scope of appointment (SOA) form to agree on what kinds of products will be discussed during your appointment. This is supposed to protect you from being sold products you did not agree to or are not interested in. Your appointment with the agent must take place at least 48 hours after agreeing on SOA, unless you walk in for an appointment or you are approaching the end of an enrollment period.
- Before enrolling you in a plan, the plan representative must explain the plan's effect on your current coverage. For example, if you have a Medigap and are enrolling in a Medicare Advantage plan, the representative must notify you that you will lose your Medigap upon enrolling in this new plan. This is

part of a longer pre-enrollment checklist that the representative must review with you before enrolling you in a plan. Agents and brokers must also address certain topics and ask questions on these topics prior to enrollment. For example, they must ask about your providers to see if they are in network, your preference for costs and premiums, the specific benefits of the plan, and your current medications. This is to ensure that you are properly informed about your choices and the effects of your enrollment.

- Insurance companies and plan representatives are not allowed to give you gifts for agreeing to sign up for their plan. However, they can give gifts that are worth \$15 or less in certain circumstances. These gifts cannot be in the form of cash and must be offered regardless of enrollment. For example, the gift must be given to everyone who attends an event, not just people who sign up for the plan.

Remember that an agent or broker should never pressure or mislead you into joining a plan. If you feel an insurance agent has potentially violated Medicare's marketing rules, you should save all documents (such as an agent's business card or marketing materials) or other suspicious information, such as recorded messages. You should report marketing violations to your local Senior Medicare Patrol (SMP) or State Health Insurance Assistance Program (SHIP). Your local SMP or SHIP can help you review the incident, report it to the correct authorities, and continue spotting marketing violations. Contact information for your local SMP and SHIP are on the last page of this document.

## **12. Who can I contact if I have questions or need help?**

**State Health Insurance Assistance Program (SHIP):** Contact your SHIP if you have questions about any notices you receive. SHIP counselors can also help you use the Plan Finder to review your options and pick a plan that meets your needs. Contact information for your local SHIP is on the last page of this document.

**Senior Medicare Patrol (SMP):** Contact your SMP if you have experienced potential Medicare fraud, errors, or abuse, or marketing violations. SMP representatives can educate you how to prevent and detect potential Medicare fraud. Contact information for your local SMP is on the last page of this document.

**1-800-MEDICARE (800-633-4227):** Contact Medicare if you want to change your coverage during Open Enrollment. You can also call Medicare for help finding plans in your area. Medicare will send you a new *Medicare & You* handbook in the mail each fall, containing information specific to your region. If you do not receive your copy, contact Medicare to request another one.

**Medicare Advantage plan/Part D plan:** Contact a plan directly if you have questions about its benefits, coverage, or costs. If you do not receive your ANOC or EOC, contact your plan to request copies.

## **SHIP case study**

Larry is 68 years old and enrolled in a Medicare Advantage plan. He recently received an Annual Notice of Change from his plan, which indicated that his primary care physician, who is the only doctor he regularly sees, will no longer be in his plan's network next year, and that the blood pressure medication that he takes will no longer be on his plan's formulary. Larry wants to change plans but is not sure how to choose a new plan.

## **What should Larry do?**

- Larry should contact his State Health Insurance Assistance Program (SHIP).



- If he does not know how to find his SHIP, he can go to [www.shiphelp.org](http://www.shiphelp.org) or call 877-839-2675 for assistance.
- A SHIP counselor can help Larry understand the plan selection process and find Medicare coverage that works for him.
  - Larry should speak to his primary care provider about what kinds of insurance they accept. Larry should ask the SHIP counselor to help him review the costs and coverage of the health care services in the plans accepted by his primary care provider.
    - This includes reviewing the plan premiums, deductibles, copays or coinsurances for health care services, and out-of-pocket limits.
    - The SHIP counselor can help Larry review the plan's network of providers, service area, and rules regarding referrals and prior authorization for health care services.
    - The counselor can also help Larry assess any additional benefits that the plans cover, like dental care, vision care, or gym memberships.
  - The counselor can also help Larry assess which plans in his area cover the drugs that he needs. Larry should make a list of the drugs that he takes, including the dosages of each drug.
    - The SHIP counselor can use the Medicare Plan Finder tool to look up plans in Larry's area that cover his drugs, including his blood pressure medication. If there are any restrictions on the drugs, the SHIP counselor will explain what the restrictions mean and how they affect Larry's access to his medications.
      - For example, if there is a prior authorization restriction on one of Larry's drugs, the SHIP counselor will explain that his doctor should send a prior authorization request to the plan before Larry picks up the prescription at the pharmacy.
  - The SHIP counselor can also use the Medicare Plan Finder to see which pharmacies near Larry are in-network and preferred by the different plans. Larry's drug will be cheapest if he uses a pharmacy that is a preferred, in-network pharmacy.
  - If Larry is interested in getting his drugs by mail order, the SHIP counselor can let him know which plans offer that option.
  - Larry or a family member can also use the Medicare Plan Finder at home by visiting [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).
- The SHIP counselor will help Larry narrow down his options. Once he has selected a new plan, he can call 1-800-MEDICARE or the plan to enroll. He should choose his new plan before December 7, the last day of Medicare's Open Enrollment. His new coverage will begin on January 1, 2026.

### **SMP case study**

Joseph attended a community health fair in his neighborhood. A health insurance company had a tent set up, with a sign that said people could learn about Medicare there. Joseph just turned 65 and got his Medicare card a few months ago, so he went to the tent to see what else he can learn. A representative from the insurance company, Saira, told him about the company's Medicare Advantage plans, which included dental coverage. Joseph was interested in learning more but felt rushed and pressured to choose between the company's plans and to give his Medicare number to Saira. Before Joseph left, Saira convinced him to make an appointment with her. He completed a form agreeing on the scope of their appointment, and they set a meeting time for the next day. As Joseph left, he regretted making that appointment and dreaded having to attend.

## What should Joseph do?

- Joseph can contact his local Senior Medicare Patrol (SMP) or State Health Insurance Assistance Program (SHIP).
  - If he does not know how to find his SMP, he can go to [www.smpresource.org](http://www.smpresource.org) or call 877-808-2468.
  - If he does not know how to find his SHIP, he can go to [www.shiphelp.org](http://www.shiphelp.org) or call 877-839-2675 (and say “Medicare” when prompted) for assistance.
- A SMP or SHIP representative can help Joseph report the marketing violations he experienced.
  - For example, the insurance company should not have been trying to market its plans or set up a scope of appointment at an educational event.
  - Even if it had been an appropriate time to set an appointment and agree on its scope, there must be 48 hours between this agreement and the time of the appointment. Saira set the appointment with Joseph for only the following day.
- The SHIP or SMP representative can validate Joseph’s feelings and encourage him to continue looking out for situations in which he feels rushed or pressured by an insurance representative. They will also tell Joseph that he was right to not share his personal information, such as his Medicare number.
- The SMP or SHIP representative will encourage Joseph not to attend this appointment with Saira, due to the red flags.
- The SHIP or SMP representative will tell Joseph that if he is interested in a Medicare Advantage plan, a counselor from his local SHIP can help him compare the options available to him.

Local SHIP Contact Information		Local SMP Contact Information	
<b>SHIP toll-free:</b> 800-247-4422		<b>SMP toll-free:</b>	
<b>SHIP email:</b> IdahoSHIBA@doi.idaho.gov		<b>SMP email:</b>	
<b>SHIP website:</b> https://doi.idaho.gov/SHIBA/		<b>SMP website:</b>	
<b>To find a SHIP in another state:</b> Call 877-839-2675 and say “Medicare” when prompted or visit <a href="http://www.shiphelp.org">www.shiphelp.org</a> .		<b>To find an SMP in another state:</b> Call 877-808-2468 or visit <a href="http://www.smpresource.org">www.smpresource.org</a> .	
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